

**Instructions for Completing
FORM SPO-H-206E BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

| | |
|---------------------------------------|--|
| Applicant/Provider: | Enter the Applicant's legal name. |
| Period: | Enter the time period for which this budget will cover; usually, this will cover a fiscal year. |
| Date Prepared | Enter the date this justification was prepared. |
| NAME OF BUSINESS OR INDIVIDUAL | Enter the business or individual you are contracting with. If the firm or individual is not known at the time of preparation, enter "(UNKNOWN, to be selected)" |
| TOTAL BUDGETED | Enter the projected cost to be charged to the budget. |
| SERVICES PROVIDED | Identify the specific service(s) you are contracting for, with the business or individual (e.g., payroll services, occupational therapy, physical therapy, etc.) |
| TOTAL | Add the "Total Budgeted" column and enter the sum of the amounts listed. |
| JUSTIFICATION/ COMMENTS: | Justify the need for contractual services in the delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary. |

BUDGET JUSTIFICATION CONTRACTUAL SERVICES - ADMINISTRATIVE

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Period: 07/01/98 to 06/30/98

Date Prepared: 02/14/95

Contract No. (As Applicable): DHS-97-001

| NAME OF BUSINESS OR INDIVIDUAL | TOTAL BUDGETED | SERVICES PROVIDED | JUSTIFICATION/COMMENTS |
|--------------------------------|-------------------|----------------------|---|
| Accountants, Inc. | 600 | Payroll Services | Personnel payroll services |
| Life Therapeutic | 1200 | Occupational Therap | Required for periodic client evaluations. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL: | \$1,800 | | |

SAMPLE